

FFY1998 ANNUAL REPORT NARRATIVE

Baseline Estimates of the Number of Uninsured Children in Indiana

As stated in our state plan, it was estimated that 55,000 uninsured children in Indiana were eligible for Medicaid but not enrolled. And an estimated 36,000 additional uninsured children were to become eligible for Medicaid after the CHIP expansion effective July 1, 1998. (Data Sources include the Current Population Survey, other Census Bureau estimates and the Employee Benefit Research Institute.)

Progress in Reducing the Number of Uninsured Children in Indiana

There are no data sources for the uninsured population in Indiana since July 1, 1998; however, according to the Indiana AIM system, there were 20,551 enrollees in the Indiana CHIP program during the last quarter of FFY1998. This number includes u(3) children who became eligible June 1, 1997 who were born before October 1, 1983. Although the AIM system is still being modified to report at the level of detail desired, it is estimated that approximately 7,500 of these enrollees were newly enrolled, previously uninsured, children who were made eligible by the expansion of eligibility to 150% of the federal poverty level on July 1, 1998.

Indiana has also made great strides in outreach to children who were eligible for Medicaid but not enrolled. During the last quarter of FFY1998, after outreach efforts began in July, Medicaid enrollment of children under 19 who were in targeted eligibility categories* increased by 18,249 (according to the Indiana Client Eligibility System's unduplicated counts on the last day of each month). These 18,249 children included both uninsured and underinsured children who enrolled in the Medicaid program. The expansion to 150% enabled 10,082 of these children to enroll (this group includes u(2) children who have other insurance and are being reimbursed at the regular FMAP). The remaining 8,167 represent increased enrollment in traditional Medicaid categories.

The State of Indiana has had tremendous success in enrollment increases in the Medicaid program, and when reporting mechanisms are modified further, the State will be able to more clearly state the impact on uninsured children throughout the State.

Strategic Objectives and Performance Goals

The State of Indiana's enrollment goals were to be completed by January 1, 1999; therefore, they will be reported on in the FFY1999 report. As of September 30, 1998, applications for Medicaid were being taken at 411 new enrollment centers, like clinics, schools and child care centers. The application form was simplified to a double-sided single sheet and a mail-in application was made available for the first time. The data on the remaining objectives and goals were not available for the FFY1998 report, but will be made available in the FFY1999 report after the CHIP expansion to 150% of the federal poverty level has been effective for 15 months.

Barriers to Implementation

The State of Indiana has not found any barriers that cannot be overcome. The most difficult barrier the State has encountered is modifying two data systems, the eligibility system and claims payment system, to monitor many different populations and report

quickly on enrollment and expenditures. Over the past six months, however, significant progress has been made and the data systems should be producing all desired information by the end of FFY1999. Another barrier encountered by the State of Indiana has been with Women, Infant and Children (WIC) clinics. When the State began establishing enrollment centers throughout the State in offices that serve the eligible population, WIC clinics were approached. The WIC clinics were given guidance from the U.S. Department of Agriculture which stated that they could not use federal WIC funds to assist clients in signing up for Medicaid. The interim resolution to this issue was for WIC clinics with other sources of funding to give full assistance to clients wishing to sign up for Medicaid, while clinics with only WIC funding may at least make mail-in applications, provided by the Family and Social Services Administration, available to clients.

Need for Technical Assistance

The technical assistance available to the State from the Department has been very helpful. One area in which additional assistance would be appreciated would be in publishing the allocations as quickly as possible. The Family and Social Services Administration is currently budgeting for SFY2000 and SFY2001, and we have not yet received notice of our CHIP allocation for FFY1999, which began three months ago. In order to plan effectively, it would be helpful to have allocations quickly.

Additional Program Indicator Data

The State of Indiana has implemented far-reaching outreach efforts. Local Offices of Family and Children have driven many of the outreach activities at the local level. Local Offices of Family and Children have expanded coalitions with local agencies and schools; attended community events; and canvassed other locations that attract a high volume of families, with uninsured children, to help enroll children. The Indiana Family and Social Services Administration has developed brochures, posters, billboards, Public Service Announcements, and other marketing materials advertising the program; simplified the application from a 14-page application to a one-page application; redesigned the membership card to minimize potential stigma; developed a mail-in application; contracted with Minority Health Coalitions throughout the State to develop and implement specific outreach strategies for under-served populations; and is collaborating with a number of state agencies to find innovative ways that they can support the outreach initiatives, including the State Department of Health, the Department of Education, the Department of Workforce Development, the Department of Revenue and the Criminal Justice Institute.

Crowd-out is being monitored continually; however, it is not an enrollment issue during Phase I because the State has made the commitment to serve u(2) children who have another source of insurance within the Medicaid expansion population. If the Phase II CHIP program is a separate state program, specific crowd-out measures and reporting mechanisms will be developed.

*Categories not targeted for outreach are not tracked, including the blind and disabled, foster care and ward categories.